BEST AVAILABLE COPY

Application or Docket Number

| .• | PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 18914965 | | | | | | | | | | | | |
|---|---|---|-----------------|----------------------------------|------------------------|------------------|------------|------------|--|-----|------------|------------------------|----------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL E | MTITY | OR | OTHER | | |
| TOTAL CLAIMS | | | 26 | | | | | RATE | FEE |] | RATE | FEE, | 1. |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC.FE | -385.00 | OR | BASIC FEE | 770.00 | |
| 70 | TAL CHARGE | ABLE CLAIMS | 26-minus 20=- | | • | | · - | X\$ 9=- | | OR | ·X\$18= | 11800 | o |
| INDEPENDENT CLAIMS - | | | 2 mi | inus 3 =: | <i>A</i> | | | X43= | | OR | X86= | • • | - |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | | 7 | +290= | | |
| .•:11 | the difference | | TOTAL | | JOR | TOTAL | 078 | 00 | | | | | |
| | | | IOIAL | <u> </u> | JOA | OTHER | THAN | 100 | | | | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL | ENTITY | OR | SMALL | | <u> </u> |
| AMENDMENTA | endans y | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID I | BER BUSLY - | PRESENT EXTRA | <i>2</i> - | _RATE, | ADDI- TIONAL FEE | | RATE. | ADDI- TIONAL FEE | · |
| DIA. | Total | - 27 | Minus · | - a | 6 | = | | X\$ 9= | | OR | x\$16= | 50. | |
| MEN | Independent | • 3 | Minus | , 344 ., | 3 | - | | _X43= | | OR. | X86= | | : |
| \$ | FIRST PRESENTATION OF MULTIPLE DEPENDENT-GLAIM | | | | | | | +145= | Company of the control of the contro | OR | +290= | , medicinal | |
| | | | | | | | | TOTAL | | OR | TOTAL | | |
| | | (Column 1) | | (Colum | nn Ż1 | (Column 3) | • | ADDIT. FEE | · . | 1 | ADDIT. FEE | | 1 |
| NDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUME PREVIO PAID (| EST SER JUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | 66 | | | | X\$ 9= | | OR | X\$18= | | |
| ME | Lindependent | | Minus | | ्राच्या १८ इ.स.च्या | a. | | X43a | | ØЯ | X86= | | - ,5 . |
| | PRISTPRESE | HPAR ON OP MO | ERPLE DE | EKER | COVID | | | +145= | | OR | +290= | | |
| • | | | | | | | l | TOTAL | • | OR | TOTAL | • | |
| • | | | | • | | | | VDOIT FEE | | lóu | ADDIT.FEE | | |
| | • | (Column 1) CLAIMS | | (Colum | EST. | (Column 3) | İг | • | ADDI- | | | ADDI- | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | PREVIO PAID I | USLY | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL | 大 明 公司 |
| OME | Total | | Minus | ••• | | - | | X\$ 9= | | OR | X\$18= | 中海公 | |
| MEN | Independent | • | Minus . | *** | | • | ľ | X43= | | OR | X86≖ . | | |
| ٩ | FIRST-PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | ٠. | +290= | | ٠. |
| • If the entry in column 1 is less than the entry in column 2, write 'U' in column 3. | | | | | | | | | | OR | TOTAL | | 1 |
| - | * If the entry in column 1 is less than the entry in column 2, write "U in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |
| | | | | | | | | | | | | | |